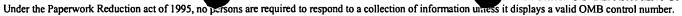
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*Fee Transmittal Form (e.g. PTO/SB/17)     (Submit an original and a duplicate for fee processing)				)	5 Microfiche Computer Program (Appendix)				97634	
2. <u>X</u> Spec		ages 14			6. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)  a Computer Readable Copy				600	
	red arrangement set forth iptive title of the Invention									<u> </u>
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3. X Draw	ring(s) (35 U.S.C. 113)	[Total Sh	eets <u>4</u> ]		8 37 C.F.R. • 3.37(b) Statement Power of Attorney					
4 Oath or De		[Total Pa	ges <u>2</u> ]		9 English Translation Document (if applicable)					
b Co	a. X Newly executed (original or copy)  b. Copy from a prior application (37 C.F.R.∋ 1.63 (d))  (for continuation/divisional with Box 16 completed)			10. X Information Disclosure X Copies of IDS Statement (IDS)/PTO-1449 Citations						
i.	DELETION OF INVE	NTOR(S)			11 Preliminary Amendment					
	Signed statement attac				12. X Return Receipt Postcard MPEP 503)					
4]   "	35 1100(4)(2) 4114 1100 (5).			13 Statement (s) Statement filed in prior application, Status still proper						
34							and des	sired		
*NOTE FOR I	ITEMS 1 & 13: IN ORDEF	R TO BE EN	TITLED T	O PAY	14 Certified Copy of Priority Document(s)  (if foreign priority is claimed)					
REQUIRED (	TY FEES, A SMALL ENT 37 C.F.R. ∋ 1.27), EXCEF	PT IF ONE F	ILED IN A	PRIOR	15 Other:					
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incorporation	can only be relied upon v	when a porti						plication parts.		
T7. CORRESPONDENCE ADDRESS  Customer Number or Bar Code Label 24938 orX_ Correspondence address below										
(Insert Customer No. or Attach bar code label here)										
Name	Lisa K. Mack  DaimlerChrysler Intellectual Capital Corporation					············		· · · · · · · · · · · · · · · · · · ·		. الالله
<b> </b>	CIMS 483-02-19									
Address	800 Chrysler Drive								2493	38
City			te M	lichigan	Z	ip Code	48326-2757	247.		
Country	United States Telephone (2			(2	248) 944-6518	F	ax	(248) 944-6537		
	Name (Print or Type) Lisa K. Mack				Registrati	on No.	42,825	7		
	Signature // // AC /					Date	0.1 11 = :	1		

Name (Print or Type)	Lisa K. Mack	Registration No.	42,825
Signature	Lipa K. Mack	Date	Oct. 11,2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.



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Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

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TOTAL AMOUNT OF PAYMENT

Complete if Known			
Application Number	unknown		
Filing Date	herewith		
First Named Inventor	Thomas S Moore		
Examiner Name	unknown		
Group / Art Unit	unknown		
Attorney Docket No.	705699US1		

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)			
1.   The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid			
Deposit Account Number 03-1800				
Deposit Account Name  DaimlerChrysler Intellectual Capital Corporation	105 130 205 65 Surcharge-late filing fee or oath 127 50 227 25 Surcharge-late provisional filing fee or cover sheet.			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	139 130 139 130 Non-English specification  147 2,520 147 2,520 For filing a request for examination			
2. □ Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to Examiner action			
☐ Check ☐ Money Order ☐ Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
FEE CALCULATION	115 110 215 55 Extension for reply within first month			
1.2 BASIC FILING FEE Large Entity Small Entity	116 390 216 195 Extension for reply within second month			
Fer Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month			
Code (\$)         Code (\$)         Fee Paid           104 710 201 355 Utility filing fee         740	118 1,390 218 695 Extension for reply within fourth month			
	128 1,890 228 945 Extension for reply within fifth month			
ligg 320 206 160 Design filing fee	119 310 219 155 Notice of Appeal			
167 490 207 245 Plant filing fee	120 310 220 155 Filing a brief in support of an appeal			
108 710 208 355 Reissue filing fee	121 270 221 135 Request for oral hearing			
l 4 150 214 75 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use			
SUBTOTAL (1) 740	proceeding 140 110 240 55 Petition to revive – unavoidable			
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional			
Fee from	142 1,240 242 620 Utility issue fee (or reissue)			
Extra Claim below Fee Paid Total Claims 18 -20** = 0 X 0 = 0	143 440 243 220 Design issue fee			
Total Claims	144 600 244 300 Plant issue fee			
Independent 2 - 3** = 0 X 0 = 0	122 130 122 130 Petitions to the Commissioner			
Multiple Dependent **or number previously paid, if greater; For	123 50 123 50 Petitions related to provisional applications			
Reissues, see below	126 180 126 180 Submission of Information Discl. Stmt. 581 40 581 40 Recording of each patent assignment			
Large Entity Small Entity	per property (times number of properties)			
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	146 710 246 355 Filing a submission after final rejection (37 CFR 1.129(a))			
103 18 203 9 Claims in excess of 20	149 710 249 355 For each additional invention to be			
102 84 202 42 Independent claims in excess of 3	examined (34 CFR 1.129(b)) Other fee (specify)			
104 280 204 140 Multiple dependent claim, if not paid	Other fee (specify)			
109 84 209 42 ** Reissue independent claims over original patent	* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$) 0				
SUBMITTED BY	Complete (if applicable)			
Typed or Printed Name Lisa K. Mack	Reg. Number 42,825			
Signature Lisa K. Mack  Signature Lisa K. Mack	Date Oct. 11, 2001 Deposit Account User ID			